MAXIMUS Federal Services

Case Number:	CM14-0070989		
Date Assigned:	07/14/2014	Date of Injury:	07/10/2009
Decision Date:	09/10/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 7/10/09 while employed by [redacted]. Request(s) under consideration include Urine Toxicology Screening and Left Sacroiliac Joint Rhizotomy. MRI of lumbar spine dated 4/19/13 showed mild facet arthropathy at L4-5. Report of 4/16/14 from the provider noted patient with chronic ongoing lower back pain rated at 6/10 radiating to left leg to feet associated with numbness and tingling. X-ray of lower back showed coccyx fracture. Medications list Prilosec and Norco. Conservative care has included LESI, MBB, physical therapy, chiro, medications, and modified activities/rest. Exam showed patient able to perform heel-toe walk; tenderness at L4-S1 facets; piriformis tenderness and SI joint tenderness; positive Fabere's/ Kemp's and SI thrust along with Yeoman's test. The patient had previous SI injection 2 years prior with 60-70% relief for 4-6 weeks. Treatment included rhizotomy. Request(s) for Urine Toxicology Screening was modified for 10-panel random screening and Left Sacroiliac Joint Rhizotomy was denied on 5/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC-Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2009 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine Toxicology Screening is not medically necessary and appropriate.

Left Sacroiliac Joint Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC- Pain Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: MTUS is silent on this controversial procedure, per ODG, Sacroiliac joint radiofrequency neurotomy is not recommended as the use of all the techniques including pulsed radiofrequency denervation of the medial L4 branches, posterior L5 rami, and lateral branches of S1 and S2 has been questioned due to the fact that the innervation of the SI joint remains unclear. Controversy remains over the correct technique for radiofrequency denervation. Sponsored by the American Society of Interventional Pain Physicians, a recent review of this intervention in a journal found that the evidence was limited for this procedure and larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. The patient had received only 60-70% pain relief for 4-6 weeks from the previous SI joint injection which has not met guidelines criteria of at least 70% pain relief obtained for a minimum of 6 weeks duration. The Left Sacroiliac Joint Rhizotomy is not medically necessary and appropriate.